

 **Annual Registration Form**

All children who attend this club **MUST** be registered with us. Children will be escorted safely to Wosc. Children will remain at the club until collected by a named adult.

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| **Child’s Name (in full):**  | **Preferred Name:**  | **Date of Birth:**  |
| **Address:**  | **First Language:**  | **School / Nursery Attended:**  |
| **Key workers name: (**WOSC use only) | **EYFS:** |
| **Name of Parent/ Carer (s):** (Please inform us if either parent does not have legal parental responsibility)  | **Email(s) (if available):**  |
| **Address (if different from child’s):**  |
| **Telephone numbers:** Home: Work: Mobile:  Home: Work: Mobile:  |
| **Name and address of person(s) collecting child if different from above.**  (This is important, your child will only be allowed to leave with a named person). |
| **Telephone numbers:** Home: Work: Mobile:  Home: Work: Mobile:  |
| **Details of contact who can collect your child in an emergency:**  |
| **Telephone numbers:** Home: Work: Mobile:  Home: Work: Mobile:  |

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|  **Name and Address and telephone number of child’s Doctor:**   |
| **Does your child have any known medical problems or additional / special needs (please list)?**   |
| **Does your child have any known allergies or major dislikes (i.e. Food or materials)?**  |
| **Does your child have an Early Help Assessment (EHA) in place?**  |
| **Are the District Team or Social care involved with your child/family in any way?**  |
| **Any other information you feel is important:**  |

'Early Years Foundation Stage' (**EYFS**) children. This applies to the end of the term in which a child reaches five years old.

**Please see policy and procedure book held at the club for other information.**

**Duty of Care.**

Parents should be aware that staff have a Duty of care and will contact social care if they have a concern about a child.

The clubs Privacy Notice published on our website ([www.wosclub.co.uk](http://www.wosclub.co.uk)) details why we collect the above data and how we will use this whilst providing are service. By signing below you confirm that you have read this Privacy Notice and that you give your permission for WOSC to use the information provided above and as outlined in the Policy Notice

Signed:………………………………………………..

Print Name:………………………………………..

Date:…………………………………………………..